

**Express Mail No. EL474164965US****POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	TBA
Filing Date	Herewith
First Named Inventor	Resor, Charles
Title	Electronic Learning Aid for Teach
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	43079/31062

I hereby appoint:

☒ Practitioners at Customer Number
OR

021888

 Place Customer
Number Bar Code
Label Here

☐ Practitioner(s) named below:

Name	Registration Number

 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
business in the United States Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Firm or Individual Name	Gregory E. Upchurch, Reg. No. 28,482				
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City	St. Louis	State	MO	Zip	63101
Country	USA				
Telephone	314-552-6580	Fax	314-552-7580		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	Charles Resor
Signature	
Date	February 22, 2002

 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

 Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on
the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC
20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)
	Attorney Docket Number 43079/31062		
	First Named Inventor Resor		
	COMPLETE IF KNOWN		
	Application Number /		
	Filing Date		
Group Art Unit			
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Electronic Learning Aid for Teaching Arithmetic Skills

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		021888		OR <input type="checkbox"/> Correspondence address below	
Name Gregory E. Upchurch							
Address Thompson Coburn LLP, One Firstar Plaza, Suite 3500							
City St. Louis		State MO		ZIP 63101			
Country USA		Telephone 314-552-6580		Fax 314-552-7580			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Charles P.				Family Name or Surname Resor			
Inventor's Signature <i>Charles P. Resor</i>				Date 2/25/02			
Residence: City Wilson		State WY		Country USA		Citizenship USA	
Mailing Address P.O. Box 667; 2660 Yellowbell Circle							
City Wilson		State WY		ZIP 83014		Country USA	
NAME OF SECOND INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
City Lubbock		State		ZIP		Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							